

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7396

BIRTH NO. <u>9</u>		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6226</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards - rural Coal Twp.</u> c. LENGTH OF STAY (In this place) <u>25 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR Coal Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards - rural Coal Twp.</u> d. STREET ADDRESS (If rural, give location) <u>RR rural Coal Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Franklin</u> b. (Middle) <u>Fritter</u> c. (Last) <u>Fritter</u>				4. DATE OF DEATH (Month) <u>February</u> (Day) <u>18</u> (Year) <u>1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 12, 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Louis S. Fritter</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary Brandenburg</u>				14. NAME OF HUSBAND OR WIFE <u>Stella Severy Fritter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Louis William Fritter-Richards, Mo.</u>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
19a. DATE OF OPERATION <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>None</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Obesity</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>					
22. I hereby certify that I attended the deceased from <u>2-18</u> , 19 <u>50</u> , to <u>2-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-18</u> , 19 <u>50</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Young</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fort Scott, Kansas</u>		23c. DATE SIGNED <u>2/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>21 Feb. 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Deerfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 21, 1950</u>		REGISTRAR'S SIGNATURE <u>W. H. Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Mortuary-Ft. Scott, Kansas</u>		ADDRESS <u>Fort Scott, Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7.

District File Number 2-50-159

Date Filed 3-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2081

P. O. Address West 10th St. Kar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.